

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Ohio State Medical Association Political Action Committee

ADDRESS (number and street) ▼

3401 Mill Run Dr

☐ Check if different than previously reported. (ACC)

Hilliard

OH

43026-9078

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00003327

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

04

01

2014

06

30

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Timothy I. Maglione

Signature of Treasurer

Timothy I. Maglione

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		245603.28
(b) Cash on Hand at Beginning of Reporting Period.....	259132.69	
(c) Total Receipts (from Line 19)	57276.34	97050.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	316409.03	342654.17
7. Total Disbursements (from Line 31)	27231.44	53476.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	289177.59	289177.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

51495.56

87660.55

(ii) Unitemized

5709.79

9249.52

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

57205.35

96910.07

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

57205.35

96910.07

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

70.99

140.82

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

57276.34

97050.89

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

57276.34

97050.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	27231.44	53476.58
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27231.44	53476.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27231.44	53476.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	57205.35	96910.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57205.35	96910.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Louis Luke Barich

Mailing Address 549 Main St

City

Hamilton

State

OH

Zip Code

45013-3273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Louis Luke Barich MD Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : T61519

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Tarsem C Garg

Mailing Address 480 Aberfelda Dr

City

Springfield

State

OH

Zip Code

45504-3970

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tarsem C Garg MD Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : T61518

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Vincent Mark Gioia

Mailing Address 35 Jenna Way Dr

City

Wheeling

State

WV

Zip Code

26003-5669

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Eye Care Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : T61500

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Charles Joseph Hickey

Mailing Address PO Box 97

129 S Main St

City

Mechanicsburg

State

OH

Zip Code

43044-0097

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbus Ophthalmology Associates Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : T61505

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Karen Guss King

Mailing Address 4177 Goldthread Ct

City

Hilliard

State

OH

Zip Code

43026-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Obstetrics And Gynecology As

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : T61510

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Molly Ann Katz

Mailing Address 2 Burton Woods Ln

City

Cincinnati

State

OH

Zip Code

45229-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Molly Katz MD

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : T61503

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John Edward Lloyd

Mailing Address 435 Overlook Dr

City
Lancaster

State
OH

Zip Code
43130-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arbor View Family Medicine Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 04 / 2014

Transaction ID : T61511

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Donald Bruce Marshall

Mailing Address 7532 Scandinavia Dr

City
Maumee

State
OH

Zip Code
43537-9542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Donald Marshall, DO

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 04 / 2014

Transaction ID : T61509

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Vivien Ruth Newbold

Mailing Address 509 Graham School Rd

City
Gallipolis

State
OH

Zip Code
45631-9133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holzer Medical Center

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 04 / 2014

Transaction ID : T61506

Amount of Each Receipt this Period

1000.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Stannard Baird Pfahl Jr.

Mailing Address 922 Hidden Valley Dr

City State Zip Code
Huron OH 44839-2688

FEC ID number of contributing
federal political committee.

C

Name of Employer

S. Baird Pfahl, MD

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : T61513

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Louis William Ralofsky

Mailing Address 713 Windward Cir

City State Zip Code
Sandusky OH 44870-6524

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOMS Healthcare

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : T61501

Amount of Each Receipt this Period

1000.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Brian Joseph Santin

Mailing Address 578 S Fifth St

City State Zip Code
Columbus OH 43206-1265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Vein & Vascular Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : T61517

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. William Charles Sternfeld

Mailing Address 4321 Dovewood Ln

City

Sylvania

State

OH

Zip Code

43560-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toledo Clinic Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 04 / 2014

Transaction ID : T61502

Amount of Each Receipt this Period

1000.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Mrs. Dee H. Talmage

Mailing Address 45 Exmoor

City

Ottawa Hills

State

OH

Zip Code

43615-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 04 / 2014

Transaction ID : T61512

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Robert Christopher Warren

Mailing Address 3318 Truxton Pl

City

Avon

State

OH

Zip Code

44011-3475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Tri-City Medicine

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2014

Transaction ID : T61588

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Charles E Smith

Mailing Address 5320 Plain Center Ave NE

City State Zip Code
Canton OH 44714-1166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diabetes Endocrinology Associates Of S

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 05 / 2014

Transaction ID : T61579

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Herbert E Stockard

Mailing Address 2702 Navarre Ave Ste 201

City State Zip Code
Oregon OH 43616-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renal Services Of Toledo Inc

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 05 / 2014

Transaction ID : T61584

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Regina Rae Whitfield Kekessi

Mailing Address 8578 Mathes Dr

City State Zip Code
West Chester OH 45069-6445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health - TriHealth Physician Par

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 05 / 2014

Transaction ID : T61590

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 12 OF 63

(check only one)

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Carl Sylvester Wehri

Mailing Address 9770 Lincoln Hwy

City State Zip Code
 Delphos OH 45833-9121

FEC ID number of contributing federal political committee.

C

Name of Employer

Delphos Family Physicians Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 05 2014

Transaction ID : T61585

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Brooke Sue Wolf

Mailing Address 3690 Orange Pl Ste 430

City State Zip Code
 Beachwood OH 44122-4467

FEC ID number of contributing federal political committee.

C

Name of Employer

North Coast Mental Health Associates

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 05 2014

Transaction ID : T61571

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

c. Dr. Donna Ailport Woodson

Mailing Address 1400 River Rd

City State Zip Code
 Maumee OH 43537-3552

FEC ID number of contributing federal political committee.

C

Name of Employer

The University Of Toledo Physicians -

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 05 2014

Transaction ID : T61595

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

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TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Lyn Ellen Yakubov

Mailing Address 634 Mohawk School Rd

City State Zip Code
 Edinburg PA 16116-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Eye Care Associates Inc

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 04 05 2014

Transaction ID : T61553

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Bradford Harold Woodall

Mailing Address 3688 Dawn Dr

City State Zip Code
 Hamilton OH 45011-5157

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Nuray Radiologists Inc

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 04 05 2014

Transaction ID : T61552

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Marvin Horton Rorick III

Mailing Address 8020 Peregrine Ln

City State Zip Code
 Cincinnati OH 45243-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Riverhills Neuroscience Inc

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 04 05 2014

Transaction ID : T61529

Amount of Each Receipt this Period

650.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Suzanne Josafat Sampang

Mailing Address 3659 Herschel Ave

City State Zip Code
Cincinnati OH 45208-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cincinnati Childrens Hospital Med Cent

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2014

Transaction ID : T61539

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Michael John Seider

Mailing Address 885 S Sawburg Ave Ste 108

City State Zip Code
Alliance OH 44601-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cancer Treatment Center

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2014

Transaction ID : T61535

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Larisa Ravitskiy

Mailing Address 5192 Mount Row

City State Zip Code
New Albany OH 43054-9361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Skin Cancer Institute

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2014

Transaction ID : T61606

Amount of Each Receipt this Period

300.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Walter Anthony Reiling III

Mailing Address 1950 Meandering Cv

City

Dayton

State

OH

Zip Code

45459-6967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Samaritan North Family Physicians

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 05 / 2014

Transaction ID : T61559

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Gerald Melville Penn

Mailing Address 2800 Squires Rdg

City

Columbus

State

OH

Zip Code

43220-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Dermatology & Cosmetic Surg

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2014

Transaction ID : T61551

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Rajiv Ramesh Patel

Mailing Address 220 Loving Ln

City

Wilmington

State

OH

Zip Code

45177-7904

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Central Ohio OBGYN Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2014

Transaction ID : T61554

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard Norman Nelson

Mailing Address 262 Alumwood Dr

City

Westerville

State

OH

Zip Code

43081-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSU Department Of Emergency Medicine

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2014

Transaction ID : T61593

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Gary Lewis LeRoy

Mailing Address 761 Kenilworth Ave

City

Dayton

State

OH

Zip Code

45405-4051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State Physicians Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2014

Transaction ID : T61587

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Lana Louise Long

Mailing Address 1105 River Hill Dr

City

Covington

State

KY

Zip Code

41011-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

City Dermatology & Laser

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2014

Transaction ID : T61570

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Connie Mahle

Mailing Address 40 S Perry St Ste 100

City State Zip Code
Dayton OH 45402-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery County Medical Society

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 05 / 2014

Transaction ID : T61577

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Douglas Charles Hingsbergen

Mailing Address 8 Sutherland Ct

City State Zip Code
Hamilton OH 45013-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
TriHealth General & Vascular Surgeons

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 05 / 2014

Transaction ID : T61592

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Ronald Lee Harter

Mailing Address 7825 Holiston Ct

City State Zip Code
Dublin OH 43016-8659

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSU Department Of Anesthesiology

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 05 / 2014

Transaction ID : T61537

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

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TOTAL This Period (last page this line number only)..... ►

750.00

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Stephen Terry House

Mailing Address 15 Pipestone Dr

City State Zip Code
 Miamisburg OH 45342-6603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Visiting Physicians Association - Dayt

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 05 2014

Transaction ID : T61586

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Robert George Gurdak

Mailing Address 2958 Crown Pt

City State Zip Code
 Cortland OH 44410-9210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trumbull Pathology Associates Inc

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 05 2014

Transaction ID : T61533

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Bryan Jon Ellis

Mailing Address 6348 Trail Ridge Ct

City State Zip Code
 Loveland OH 45140-8156

FEC ID number of contributing
federal political committee.

C

Name of Employer
TriHealth Surgical Institute

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 05 2014

Transaction ID : T61598

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard Robert Ellison

Mailing Address 726 White Tail Ridge Dr

City	State	Zip Code
Fairlawn	OH	44333-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Ophthalmology Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2014

Transaction ID : T61589

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Stephen Poll Bazeley

Mailing Address 16850 W River Rd

City	State	Zip Code
Bowling Green	OH	43402-9268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Waterville Family Physicians Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2014

Transaction ID : T61536

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Herman Irwin Abromowitz

Mailing Address 485 S Parkview Ave Apt 116

City	State	Zip Code
Columbus	OH	43209-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Herman Abromowitz, MD

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2014

Transaction ID : T61528

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional).....▶

1000.00

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard Edward Cain

Mailing Address 4534 Pleasant Ridge Rd

City State Zip Code
Marietta OH 45750-7958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marietta Health Care Physicians Inc

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 05 2014

Transaction ID : T61575

Amount of Each Receipt this Period

1000.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Tyler Joseph Campbell

Mailing Address 4810 Eckmansville Rd

City State Zip Code
Winchester OH 45697-9589

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Family Medicine

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 05 2014

Transaction ID : T61546

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Annette Marie Chavez

Mailing Address 3100 N Diamond Mill Rd

City State Zip Code
Trotwood OH 45426-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carillon Family Practice

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 05 2014

Transaction ID : T61597

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Daniel James Clemens

Mailing Address 1145 Clearview Dr SE

City State Zip Code
 New Philadelphia OH 44663-9460

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tuscarawas Eye Centre Inc

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 04 05 2014

Transaction ID : T61540

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Cathy Anne Dailey

Mailing Address 55 Meadowcrest Dr

City State Zip Code
 Parkersburg WV 26104-9395

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Marietta Health Care Physicians Inc

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 04 05 2014

Transaction ID : T61576

Amount of Each Receipt this Period

1000.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Margaret M. Dunn

Mailing Address 152 E Limestone St

City State Zip Code
 Yellow Springs OH 45387-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Wright State Physicians Inc

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 04 05 2014

Transaction ID : T61600

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Todd Baker

Mailing Address 95 E Beaumont Rd

City State Zip Code
Columbus OH 43214-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Ohio State Medical Association Director, External Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 06 / 2014

Transaction ID : T61695

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Anthony Joseph Armstrong

Mailing Address 6045 Miakonda Trl

City State Zip Code
Sylvania OH 43560-2244

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Westfield OB/GYN Associates Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 06 / 2014

Transaction ID : T61612

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Sean Thomas McGrath

Mailing Address 1234 Lake Front Blvd

City State Zip Code
North Lima OH 44452-8571

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
All Points Physical Medicine/P M & R N Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 06 / 2014

Transaction ID : T61622

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

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1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Michele Lee Ralofsky

Mailing Address 713 Windward Cir

City

Sandusky

State

OH

Zip Code

44870-6524

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOMS Lifestages Family Practice

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 06 / 2014

Transaction ID : T61692

Amount of Each Receipt this Period

1000.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. David Lee Woodruff

Mailing Address 10000 Columbus Grove Rd

City

Bluffton

State

OH

Zip Code

45817-9595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pandora Family Physicians Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 06 / 2014

Transaction ID : T61614

Amount of Each Receipt this Period

300.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Philip Cecil Stiff Jr.

Mailing Address 2455 S Country Club Pkwy

City

Toledo

State

OH

Zip Code

43614-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired Physician

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 06 / 2014

Transaction ID : T61613

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey Bruce Studebaker

Mailing Address 9100 Westbrook Rd

City

Brookville

State

OH

Zip Code

45309-8306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Studebaker Family Practice Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : T61524

Amount of Each Receipt this Period

1250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Linda Toivonen Swan

Mailing Address 3097 Dresden Rd

City

Zanesville

State

OH

Zip Code

43701-1541

FEC ID number of contributing
federal political committee.

C

Name of Employer

PrimeCare Of Southeastern Ohio - OB/GY

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : T61522

Amount of Each Receipt this Period

1000.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Michael Jay Wieser

Mailing Address 1385 Shoreview Dr

City

Lima

State

OH

Zip Code

45805-3684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Institute Of Ohio Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : T61504

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Sushil Mitter Sethi

Mailing Address 1319 Deer Run Rd

City State Zip Code
Mansfield OH 44906-3480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sushil M Sethi MD FCCP

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : T61558

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. D. Brent Mulgrew

Mailing Address 1720 Fishinger Rd

City State Zip Code
Columbus OH 43221-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State Medical Association

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : T61608

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Denise Louise Bobovnyik

Mailing Address 3716 Tyler Dr

City State Zip Code
Canfield OH 44406-8008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primary Care Specialists Inc

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : T61514

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. David Olswells Griffith

Mailing Address 3774 W Salinas Cir

City State Zip Code
Dayton OH 45440-3960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Proscan Imaging LLC

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 07 / 2014

Transaction ID : T61515

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Robert Erik Kose

Mailing Address 4015 Albon Rd

City State Zip Code
Monclova OH 43542-9340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pulmonary & Critical Care Specialists

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 07 / 2014

Transaction ID : T61483

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. JoAnn Krivetzky

Mailing Address 5700 Beverly Ave NE

City State Zip Code
Canton OH 44721-3918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Gynecology Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : T61581

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 63
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Nicholas Paul Mastros

Mailing Address 4151 County Road 26

City

Steubenville

State

OH

Zip Code

43953-7104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nicholas Mastros MD Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Transaction ID : T61706

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Thomas Patrick Forrestal Jr.

Mailing Address 3457 Colony Park Ct

City

Zanesville

State

OH

Zip Code

43701-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Forrestal Medical Service

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Transaction ID : T61704

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Arun Patel

Mailing Address 2119 Orchard Rd

City

Toledo

State

OH

Zip Code

43606-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sunforest Orthopedics Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Transaction ID : T61703

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Steven Albert Young

Mailing Address 7500 James River Close

City

New Albany

State

OH

Zip Code

43054-9001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Radiology And Interventional

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 09 / 2014

Transaction ID : T61705

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Lance Allen Talmage

Mailing Address 45 Exmoor

City

Ottawa Hills

State

OH

Zip Code

43615-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University Of Toledo College Of Me

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

04 / 15 / 2014

Transaction ID : T248173-4

Amount of Each Receipt this Period

83.33

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. J. Steven Polsley

Mailing Address 162 New Haven Dr

City

Urbana

State

OH

Zip Code

43078-2252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Physicians Of Urbana Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

04 / 15 / 2014

Transaction ID : T248171-4

Amount of Each Receipt this Period

83.33

A Contribution to the Federal PAC

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TOTAL This Period (last page this line number only)..... ►

416.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Karen Guss King

Mailing Address 4177 Goldthread Ct

City State Zip Code
 Hilliard OH 43026-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwest Obstetrics And Gynecology As

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : T248184-1

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City State Zip Code
 Kettering OH 45429-2043

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Paragon Womens Care Inc

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : T248175-4

Amount of Each Receipt this Period

83.33

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Maziar David Arya

Mailing Address 2924 Perthwood Dr

City State Zip Code
 Cincinnati OH 45244-3566

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cardiology Associates Of Cincinnati In

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : T61758

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

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TOTAL This Period (last page this line number only)..... ►

583.33

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. William Albert Martin

Mailing Address 8587 Ivy Trails Dr

City

Cincinnati

State

OH

Zip Code

45244-2165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Associates Of Cincinnati In

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 16 / 2014

Transaction ID : T61760

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Leo J P Clark

Mailing Address 34 Exmoor

City

Toledo

State

OH

Zip Code

43615-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Neurosurgical Network Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 21 / 2014

Transaction ID : T61767

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. David Miles Novick

Mailing Address 28 Thruston Blvd W

City

Dayton

State

OH

Zip Code

45419-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Digestive Specialists Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 21 / 2014

Transaction ID : T61766

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

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TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. William Stoess Pease

Mailing Address 4103 Clairmont Rd

City

Columbus

State

OH

Zip Code

43220-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSU Department Of Physical Medicine &

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2014

Transaction ID : T61796

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Lewis Seeder

Mailing Address 476 Greenglade Ave

City

Worthington

State

OH

Zip Code

43085-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMG & Rehabilitation Associates Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2014

Transaction ID : T61800

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. David Paul Zadvinskis

Mailing Address 7155 Deacon Ct

City

Dublin

State

OH

Zip Code

43017-7078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Radiology And Interventional

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2014

Transaction ID : T61798

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

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TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Scott Keith Henderson

Mailing Address 325 Blandford Dr

City

Worthington

State

OH

Zip Code

43085-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Physician Anesthesia Services

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2014

Transaction ID : T61799

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Rolf Frederik Brunckhorst

Mailing Address 146 Stone Creek Dr

City

Oxford

State

OH

Zip Code

45056-9758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rolf Brunckhorst MD

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2014

Transaction ID : T61865

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. William Darrell Smucker

Mailing Address P O Box 228

City

Westfield Center

State

OH

Zip Code

44251-0228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Continuum Care Consultants

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2014

Transaction ID : T61867

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

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TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Carl Ralph Schaub

Mailing Address 547 N Briarcliff Dr

City

Canfield

State

OH

Zip Code

44406-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pathology Consultants LLC

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2014

Transaction ID : T61864

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Ronald Michael Taddeo

Mailing Address 936 Perry St Ste 214

City

Columbus

State

OH

Zip Code

43215-1274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Ohio Primary Care Physicians I

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 07 / 2014

Transaction ID : T61878

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Kevin Gerard Wietecha

Mailing Address 4943 Blakemore Trl NW

City

Canton

State

OH

Zip Code

44718-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Ohio Endocrinology

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2014

Transaction ID : T61877

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Alexander Stephen Donath

Mailing Address 3798 Broadview Dr

City State Zip Code
 Cincinnati OH 45208-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allied Ear Nose & Throat Institute Inc

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2014

Transaction ID : T61876

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Mark Edward Jonas

Mailing Address 3793 Brighton Manor Ln

City State Zip Code
 Cincinnati OH 45208-1965

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ohio Gastroenterology And Liver Instit

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2014

Transaction ID : T61887

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Alan Jay Cropp

Mailing Address 5593 Engleton Ln

City State Zip Code
 Girard OH 44420-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pulmonary Medicine Consultants

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2014

Transaction ID : T61920

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

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TOTAL This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey Mark P Siminovitch

Mailing Address 5 Longmeadow Ln

City State Zip Code
 Beachwood OH 44122-7518

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Jeffrey M Siminovitch MD & Associates

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : T61919

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. J. Steven Polsley

Mailing Address 162 New Haven Dr

City State Zip Code
 Urbana OH 43078-2252

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Family Physicians Of Urbana Inc

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : T248766-5

Amount of Each Receipt this Period

83.33

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Lance Allen Talmage

Mailing Address 45 Exmoor

City State Zip Code
 Ottawa Hills OH 43615-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The University Of Toledo College Of Me

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : T248768-5

Amount of Each Receipt this Period

83.33

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

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416.66

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City

Kettering

State

OH

Zip Code

45429-2043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Paragon Womens Care Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 15 / 2014

Transaction ID : T248770-5

Amount of Each Receipt this Period

83.33

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Karen Guss King

Mailing Address 4177 Goldthread Ct

City

Hilliard

State

OH

Zip Code

43026-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Obstetrics And Gynecology As

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 15 / 2014

Transaction ID : T248781-2

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Brett Malcolm Coldiron

Mailing Address 1105 River Hill Dr

City

Covington

State

KY

Zip Code

41011-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Skin Cancer Center

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : T62059

Amount of Each Receipt this Period

162.25

A Contribution to the Federal PAC

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TOTAL This Period (last page this line number only)..... ►

495.58

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Vivek Ranjan Awasty

Mailing Address 1587 Eagle Creek Dr S

City

Marion

State

OH

Zip Code

43302-8141

FEC ID number of contributing
federal political committee.

C

Name of Employer

OhioHealth Marion Area Physicians LLC

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : T62154

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Timothy Jon Storer

Mailing Address 2561 Aikin Cir S

City

Lewis Center

State

OH

Zip Code

43035-8024

FEC ID number of contributing
federal political committee.

C

Name of Employer

OhioHealth Marion Area Physicians LLC

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : T62054

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Philip James Poon

Mailing Address 7520 Algonquin Dr

City

Cincinnati

State

OH

Zip Code

45243-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tri-State Centers For Sight Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : T62056

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

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750.00

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Anna Lyn Roetker

Mailing Address 2356 Fairview Ave

City

Cincinnati

State

OH

Zip Code

45219-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth Physicians - Southgate

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : T62057

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. David Gerard Miller

Mailing Address 32878 Lake Rd

City

Avon Lake

State

OH

Zip Code

44012-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retina Associates Of Cleveland Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 22 / 2014

Transaction ID : T62152

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Bethanne Snodgrass

Mailing Address 2743 Spring Water Dr

City

Toledo

State

OH

Zip Code

43617-1382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toledo Clinic Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 22 / 2014

Transaction ID : T62144

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

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750.00

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Anthony Joseph Degenhard

Mailing Address 2831 Westdale Rd NW

City State Zip Code
Canton OH 44708-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kidney & Hypertension Consultants Inc

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 22 / 2014

Transaction ID : T62149

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Susan Marie Komorowski

Mailing Address 6221 Hempstead Mews

City State Zip Code
Dayton OH 45459-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Obstetrics & Gynecology South Inc

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2014

Transaction ID : T62306

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Rasheed Ghani

Mailing Address 4350 Boomer Rd

City State Zip Code
Cincinnati OH 45247-7947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physician Retired

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2014

Transaction ID : T62461

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

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750.00

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Douglas Edward Feeney

Mailing Address 8624 Old Stone Ct

City

Cincinnati

State

OH

Zip Code

45249-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62513

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Eric Orval Haaff

Mailing Address 5545 Kyles Ln

City

Middletown

State

OH

Zip Code

45044-9462

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62511

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Mark Richard Howard

Mailing Address 8781 South Shore Pl

City

Mason

State

OH

Zip Code

45040-5041

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62503

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

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1500.00

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard Harkness Keys

Mailing Address 145 E Fountain Ave

City

Cincinnati

State

OH

Zip Code

45246-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62516

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Gary Michael Kirsh

Mailing Address 9771 Carriage Run Ct

City

Loveland

State

OH

Zip Code

45140-5579

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62507

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Eric Joseph Kuhn

Mailing Address 537 Hopper Hills Farm Rd

City

Cincinnati

State

OH

Zip Code

45255-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62523

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

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1500.00

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mark G. Delworth

Mailing Address 428 Hidden Valley Ln

City

Cincinnati

State

OH

Zip Code

45215-2542

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62521

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Shekar Dheenani

Mailing Address 8556 Twilight Tear Ln

City

Cincinnati

State

OH

Zip Code

45249-1375

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62508

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

c. Dr. Alan Spencer Cordell

Mailing Address 6037 Countryhills Dr

City

Cincinnati

State

OH

Zip Code

45233-1731

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62510

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

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1500.00

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. James Fredrick Davison III

Mailing Address 8460 Carolines Trl

City

Cincinnati

State

OH

Zip Code

45242-4530

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62524

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Christopher Cirulli

Mailing Address 3346 Marburg Square Ln #8

City

Cincinnati

State

OH

Zip Code

45209-2381

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62509

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Karl Bruce Braun

Mailing Address 6613 Mariemont Ave

City

Cincinnati

State

OH

Zip Code

45227-4234

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62514

Amount of Each Receipt this Period

500.00

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Phillip Jay Buffington

Mailing Address 8560 Chaucer Pl

City

Cincinnati

State

OH

Zip Code

45249-3428

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62515

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Kevin Giles Campbell

Mailing Address 1775 Deerhill Ln

City

Hamilton

State

OH

Zip Code

45013-9360

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62517

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. David Edward Berckmueller

Mailing Address P O Box 364

City

Milan

State

OH

Zip Code

44846-0364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Retired

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62502

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Aaron Lee Bey

Mailing Address 6147 Court Side Pl

City

Loveland

State

OH

Zip Code

45140-6973

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62522

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Martin John Walsh

Mailing Address 616 Da Vinci Dr

City

Middletown

State

OH

Zip Code

45042-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62525

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. James Douglas Williams

Mailing Address 303 Eden Ave Unit 5A

City

Bellevue

State

KY

Zip Code

41073-1170

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62526

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Patrick Michael Wirtz

Mailing Address 5026 Leonard St

City

Cincinnati

State

OH

Zip Code

45208-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62520

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Dirk Mitchell Wonnell

Mailing Address 5340 Miami Rd

City

Cincinnati

State

OH

Zip Code

45243-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62504

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey Warren Zipkin

Mailing Address 2690 Section Rd

City

Cincinnati

State

OH

Zip Code

45237-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62505

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. David Charles Miller

Mailing Address 3101 Shadow Hill Rd

City State Zip Code
Middletown OH 45042-3635

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62512

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Marc Jeffrey Pliskin

Mailing Address 2750 Turpin Knoll Ct

City State Zip Code
Cincinnati OH 45244-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62518

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Rebecca Anne Roedersheimer

Mailing Address 3166 N Farmcrest Dr

City State Zip Code
Cincinnati OH 45213-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62519

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Michael Blaise Rousseau

Mailing Address 9695 Davis Rd

City

Loveland

State

OH

Zip Code

45140-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : T62506

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Cynthia Denese Westermann

Mailing Address 4017 Beechwood Ave

City

Cincinnati

State

OH

Zip Code

45229-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Anderson

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 10 / 2014

Transaction ID : T62591

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Jamie Lee Zucker

Mailing Address 2069 Applegrove St NE

City

N Canton

State

OH

Zip Code

44721-2030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Canton Ophthalmology Associates Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2014

Transaction ID : T62597

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

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1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Louis Charles Thibodeaux

Mailing Address 2 Larking Dr

City

Cincinnati

State

OH

Zip Code

45242-4676

FEC ID number of contributing
federal political committee.

C

Name of Employer

TriHealth Surgical Institute

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2014

Transaction ID : T62606

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Richard Ward Watts

Mailing Address 22701 Lake Rd Apt 101-103A

City

Rocky River

State

OH

Zip Code

44116-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Retired

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 16 / 2014

Transaction ID : T62674

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Adnan Elias Mourany

Mailing Address 4425 Valley Forge Dr

City

Cleveland

State

OH

Zip Code

44126-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adnan E Mourany MD

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 16 / 2014

Transaction ID : T62672

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Michael Thomas Archdeacon

Mailing Address 231 Albert Sabin Way ML 0212

City State Zip Code
Cincinnati OH 45267-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Orthopaedics & Sports Medic

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 16 / 2014

Transaction ID : T62671

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City State Zip Code
Kettering OH 45429-2043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paragon Womens Care Inc

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 17 / 2014

Transaction ID : T250043-6

Amount of Each Receipt this Period

83.33

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Arthur Patrick Jonas

Mailing Address 1882 River Ridge Dr

City State Zip Code
Spring Valley OH 45370-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Health Connections Inc

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 17 / 2014

Transaction ID : T250055-3

Amount of Each Receipt this Period

83.34

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

416.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mark Eugene Hostettler

Mailing Address 921 Dogwood Trl

City State Zip Code
Alliance OH 44601-5299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Internal Medicine Physicians

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 17 / 2014

Transaction ID : T250053-3

Amount of Each Receipt this Period

100.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Alva Burton Payne

Mailing Address 2119 N 2nd St

City State Zip Code
Ironton OH 45638-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burton Payne, MD

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 17 / 2014

Transaction ID : T250051-3

Amount of Each Receipt this Period

100.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. J. Steven Polsley

Mailing Address 162 New Haven Dr

City State Zip Code
Urbana OH 43078-2252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Physicians Of Urbana Inc

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 17 / 2014

Transaction ID : T250038-6

Amount of Each Receipt this Period

83.33

A Contribution to the Federal PAC

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TOTAL This Period (last page this line number only)..... ►

283.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Lance Allen Talmage

Mailing Address 45 Exmoor

City

Ottawa Hills

State

OH

Zip Code

43615-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University Of Toledo College Of Me

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 17 / 2014

Transaction ID : T250041-6

Amount of Each Receipt this Period

83.33

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Bruce G Hyman

Mailing Address 1230 Wood Mill Trl

City

Dayton

State

OH

Zip Code

45459-3254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schuster Cardiology Associates Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2014

Transaction ID : T62710

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Thales Nicholas Pavlatos

Mailing Address 2790 Kilkenny Dr

City

Springfield

State

OH

Zip Code

45503-1181

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Anesthesiologists Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 25 / 2014

Transaction ID : T62808

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

583.33

51495.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase Bank

Mailing Address P O Box 710634

City State Zip Code
 Columbus OH 43240-0634

FEC ID number of contributing
federal political committee.

C

Name of Employer
 JP Morgan Chase Bank

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

93.32

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : T62259

Amount of Each Receipt this Period

23.49

A Credit to the Federal Account

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase Bank

Mailing Address P O Box 710634

City State Zip Code
 Columbus OH 43240-0634

FEC ID number of contributing
federal political committee.

C

Name of Employer
 JP Morgan Chase Bank

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

117.36

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : T63005

Amount of Each Receipt this Period

24.04

A Credit to the Federal Account

Full Name (Last, First, Middle Initial)

C. JP Morgan Chase Bank

Mailing Address P O Box 710634

City State Zip Code
 Columbus OH 43240-0634

FEC ID number of contributing
federal political committee.

C

Name of Employer
 JP Morgan Chase Bank

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.82

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : T63006

Amount of Each Receipt this Period

23.46

A Credit to the Federal Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.99

70.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Driehaus For State RepresentativeMailing Address Kimberly Gilday-Weber Treasurer
347 McAlpin Ave

City Cincinnati State OH Zip Code 45220-1232

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : A2454256

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Friends Of Debbie PhillipsMailing Address Mary Ann McClure, Treasurer
3001 Marshfield Rd

City Albany State OH Zip Code 45710-9483

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : A2454255

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Friends Of John EklundMailing Address Greg Schmidt, Treasurer
12040 Burlington Glen Dr

City Chardon State OH Zip Code 44024-8453

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : A2454254

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

950.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Nickie J Antonio

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Mailing Address Rosemarie Feighan DeJohn Treasurer
1305 Belle Ave

City Lakewood State OH Zip Code 44107-2679

Purpose of Disbursement
State Contribution

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Transaction ID : A2454257

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Friends Of Mike Curtin

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

Mailing Address Donald J McTigue Treasurer
545 E Town St

City Columbus State OH Zip Code 43215-4801

Purpose of Disbursement
State Contribution

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Transaction ID : A2460015

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Matt Huffman For State Representative

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

Mailing Address Tami Stanford, Treasurer
2220 Merit Dr

City Lima State OH Zip Code 45805-2527

Purpose of Disbursement
State Contribution

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Transaction ID : A2460016

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1800.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ohio Republican Party

Mailing Address 211 S 5th St

City	State	Zip Code
Columbus	OH	43215-5259

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

Transaction ID : A2460017

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Team Burke

Mailing Address 275 W 4th St

City	State	Zip Code
Marysville	OH	43040-1127

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PRIMARY 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : A2461092

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ohio House Democratic Caucus

Mailing Address 340 E Fulton St

City	State	Zip Code
Columbus	OH	43215-5418

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : A2461698

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For SearsMailing Address Kevin Gilmore, Treasurer
PO Box 409

City Sylvania State OH Zip Code 43560-0409

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : A2461789

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Citizens For BishoffMailing Address Amy Gauthier, Treasurer
2902 Braden Way

City Blacklick State OH Zip Code 43004-6033

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Transaction ID : A2462635

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Citizens For StinzianoMailing Address Leon Kessel, Treasurer
550 E Walnut St

City Columbus State OH Zip Code 43215-5323

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Transaction ID : A2462636

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Buchy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2014

Mailing Address David Wolters, Treasurer
2191 Oak St

City Maria Stein State OH Zip Code 45860-9509

Purpose of Disbursement
State Contribution

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: GENERAL 2014

Transaction ID : A2466698

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens For Cheryl Grossman

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2014

Mailing Address Larry J Earman, CPA, Treasurer
3955 Brown Park Dr Ste A

City Hilliard State OH Zip Code 43026-3137

Purpose of Disbursement
State Contribution

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: GENERAL 2014

Transaction ID : A2466699

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Citizens For Sears

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2014

Mailing Address Kevin Gilmore, Treasurer
PO Box 409

City Sylvania State OH Zip Code 43560-0409

Purpose of Disbursement
State Contribution

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: GENERAL 2014

Transaction ID : A2466703

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Batchelder For Representative Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Mailing Address 4086 Irvine Oval

City	State	Zip Code
Medina	OH	44256-9069

Transaction ID : A2466697Purpose of Disbursement
State Contribution

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: GENERAL 2014

Full Name (Last, First, Middle Initial)

B. Butler For Ohio

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Mailing Address Bryan Michel Treasurer
707 Miamisburg-Centerville Rd Ste

City	State	Zip Code
Centerville	OH	45459-6522

Transaction ID : A2466695Purpose of Disbursement
State Contribution

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: GENERAL 2014

Full Name (Last, First, Middle Initial)

C. Ohio House Republican Organizational Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Mailing Address Matt Huffman, Chair
4679 Winterset Dr

City	State	Zip Code
Columbus	OH	43220-8113

Transaction ID : A2466704Purpose of Disbursement
State Contribution

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: GENERAL 2014

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry Johnson For State RepresentativeMailing Address Klara Reynolds, Treasurer
74A McDaniel RdCity State Zip Code
Mc Dermott OH 45652-8962Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: GENERAL 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : A2466701

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steve Huffman For State Rep

Mailing Address PO Box 739

City State Zip Code
Troy OH 45373-0739Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: GENERAL 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : A2466700

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Committee To Elect Cliff RosenbergerMailing Address Bret Dixon, Treasurer
7027 State Rte 350 WCity State Zip Code
Clarksville OH 45113-9435Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: GENERAL 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : A2466696

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens With FedorMailing Address Lila Schouser, Treasurer
3220 N Reach Dr

City Oregon State OH Zip Code 43616-2344

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: GENERAL 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : A2467522

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kathleen Clyde CommitteeMailing Address Linda Fankhauser, Treasurer
206 S Meridian St Ste A

City Ravenna State OH Zip Code 44266-2905

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: GENERAL 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : A2467521

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Terry Johnson For State RepresentativeMailing Address Klara Reynolds, Treasurer
74A McDaniel Rd

City Mc Dermott State OH Zip Code 45652-8962

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: GENERAL 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : A2468821

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2750.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Lehner

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

Mailing Address Rebecca Lochner, Treasurer
533 Lockerbie Ln

City Kettering State OH Zip Code 45429-1636

Purpose of Disbursement
State Contribution

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

GENERAL 2014

Transaction ID : A2470212

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens For Sears

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Mailing Address Kevin Gilmore, Treasurer
PO Box 409

City Sylvania State OH Zip Code 43560-0409

Purpose of Disbursement
InKind Statement for food and beverages

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

PRIMARY 2014

Transaction ID : A2473651

Amount of Each Disbursement this Period

130.54

Full Name (Last, First, Middle Initial)

C. Terry Johnson For State Representative

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Mailing Address Klara Reynolds, Treasurer
74A McDaniel Rd

City Mc Dermott State OH Zip Code 45652-8962

Purpose of Disbursement
InKind Contribution for snacks and bever

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

GENERAL 2014

Transaction ID : A2473617

Amount of Each Disbursement this Period

50.92

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

681.46

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ohio House Republican Organizational Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Mailing Address **Matt Huffman, Chair**
4679 Winterset DrCity **Columbus** State **OH** Zip Code **43220-8113**Purpose of Disbursement
InKind Statement for beverages and food

001
Category/ Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: GENERAL 2014

Transaction ID : A2473656

Amount of Each Disbursement this Period

49.98

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

49.98

27231.44
